Survey of Jail Mental Health Treatment Needs and Services

Senate Finance Public Safety Subcommittee
State Compensation Board
DMHMRSAS

James J. Morris, Ph.D. DMHMRSAS

Need for Jail Diversion & Jail MH services

- BJS (1998): 16% of inmates w/Mental Illness
- GAINS/Bazelon/NMHA, others: Jails are de facto MH facilities for homeless and others with mental illness
- Virginia SJR 440/97 (2002-3):
 - Estimated 16% w/Mental Illness
 - Unmet treatment needs highlighted
- Community:
 - Unknown # arrested w/MI but not jailed; limited coordination

Towards a Solution

- Virginia DMHMRSAS Forensic Workgroup:
 - -Fall, 2003 Multi-agency CJ/MH representation
 - Partnering w/ Courts; Attorneys; Regional Jails and Sheriffs' Associations; Joint Behavioral Healthcare Subcommittee; Senate Finance subcommittee; Reentry Policy Team;
 - Studying all options for Diversion and Jail MH Services

The Challenge

4 Key Problems:

- Lack of Basic Community Resources: (Housing, MH services, etc.) Promotes homelessness & impedes prevention of arrest of persons w/mental illness.
- Lack of Jail Diversion programs/resources statewide:
 (pre-booking, post-booking, post-sentencing)
- Insufficient Treatment Resources in Jails: Jails must struggle to serve high #s of inmates with mental illness
- High Demand for Limited State Hospital Capacity: (delays in accessing services impose strain on inmates and jails) 164
 Beds for all "jail transfers"

The Question

- What is the real demand for services?
 - Lack of data: Jail Inmates w/mental illness
 - Lack of data: amount of MH services in Jails

The Survey

- Goal: Developing an accurate picture of Jail MH Services Needs/Demand; use results for planning
- Obstacle: Lack of access to jail MH information
- Effort: Developing improved collaboration w/Jails
- Progress: Summer 2005, Jails agreed to survey by Senate Finance/DMHMRSAS/ Compensation Board/
- Result: Surveyed all 67 Local and Regional Jails on September 13, 2005 "Tuesday Report"

Survey Results: Context

• Background:

- Virginia Census (2004): 7,459,827 residents
- Jail Admissions in 2005 : 218,467 (3% of total Virginia population)
- Jails Census, Sept. 13, 2005: 24,595 inmates

Survey Results: Overview

- What the jails told us:
- Overall result:
 - 3991 of 24,595 inmates (16%) in Virginia Jails on September 13, 2005 had a mental illness
 - Annualized estimate: 35,450 (assumes= LOS)

Survey Results: Top 10 Jails

Jails w/high #s of inmates w/Mental Illness:

- 1. Hampton Roads Regional Jail (510)
- 2. Fairfax County Jail (359)
- 3. Richmond City Jail (323)
- 4. Riverside Regional Jail (306)
- 5. Prince William/Manassas Regional Jail (232)
- 6. Arlington County Jail (221)
- 7. Blue Ridge Regional Jail (138)
- 8. Roanoke City Jail (126)
- 9. Henrico County Jail (120)
- 10. Virginia Beach City Jail (113)

Survey Results: MH Units

- Jail Housing for inmates w/Mental Illness:
 - 22 jails report specialized MH housing
 - 873 Jail MH treatment beds
 - 447 "Acute" MH treatment beds:
 - 321 for male inmates
 - 126 for female inmates
 - 426 "Non-acute" MH treatment beds
 - Total: Ca. 22% of Inmates w/MI in specialized housing
 - (compare with 164 DMHMRSAS jail transfer beds)

Survey Results: MH Screening

- Jail MH Screening:
- Most jails w/high census screen all, and assess when needed
- 90% of Jail Inmates have MH screening
 - 78% (52 Jails) screen all admissions
 - -4% (3 Jails) screen some admissions
 - 18% (12 Jails) Don't screen/no screening info
- Follow-up Comprehensive Assessment:
 - 45% (30 Jails; 17,906 inmates; 73%) assess all w/positive screening
 - -37% (25 Jails; 5,947 inmates; 24%) assess w/acute cases

Survey Results: Psychiatry

Psychiatric/Jail M.D. MH Services:

- 30 Jails: Some Psychiatrist time allotted/week
- 239 Psychiatry hours per week for all jails
- (Ca. 6 FTEs)
- 29 Jails: Some MH consult from Jail GP/M.D.
- 163 MH treatment hours/week from GP/M.D.

Survey Results: Legal status

Jail Inmates w/MI by Legal Type:

- 1019 "State responsible" (felons)*
- 2737 "Local responsible" (lower level offenses)
- 172 Federal inmates (immigration, etc.)
- 63 "Other" jurisdiction

^{*} Virginia DOC has policy for transferring "their" inmates w/mental illness from jails sooner than inmates w/o MH treatment needs

Survey Results: Diagnoses

- Inmates with MI by Psychiatric Diagnosis:
 - 847 Inmates with Schizophrenic Disorders
 - 1174 Inmates with Bipolar Disorder
 - 846 Inmates with Depressive Disorders
 - 464 Inmates with Anxiety Disorders
 - 397 Inmates with Other Mental Illness
 - 263 Inmates with MI w/o Diagnosis
- 2270 w/Co-occurring MI and SA disorders

Survey Results: Medication

- Jail Formulary:
 - 28 Jails report unrestricted formulary
 - 39 Jails report restricted formulary
- Jail inmates categorized by medication type:
 - 1245 treated with Antipsychotics
 - 815 treated with Mood Stablizers
 - 2495 treated with Antidepressants
 - 294 treated with Anxiolytics
- 2005 Cost for MH medications = \$3,981,245

Survey Results: MH Services

- Jail MH Treatment Services:
 - 54 Jails (81%) have non-MD MH Services
 - Ca. 40% by jail staff; 45% by CSBs; 15% Others
 - During week of Sept. 11, 2005:
 - 1181 Inmates received Individual counseling
 - 280 Inmates in MH group treatment
 - 1,367 Inmates in SA group treatment
 - 432 Inmates/other individual or group treatment
- 2005 Cost for Non-Medical MH Services= \$4,096,929

Survey Results: Shared Clients

- Compared Comp. Board data for Sept. 13, 2005 with DMHMRSAS and CSB databases
 - Comp Board: 27,415 unique SSNs names/birthdates
 - DMHMRSAS/CSBs databases: 719 Jail inmates had been treated by CSBs and/or the DMHMRSAS
 - Conclusions: 18% of MH clientele jailed on 9/13/05
 - Limitation:
 - One day "snapshot" doesn't give full picture of Jails/MH systems overlap
 - Plan: Compare all 2005 jail data w/MH system data

Survey Conclusions

- 3991 Jail inmates w/Mental Illness (35,450 est.per year)
 - Appox. 2000 w/Major Mental Illness
 - Approx. 2000 w/Anxiety/Depressive Disorders
- 873 Dedicated Jail MH Beds
- Survey information is a "good start"
 - Next stage should include extraction of actual data from jail records

Recommended Goals

- Prevent arrest and incarceration of persons w/MI with more housing and community MH services
- Implement Jail Diversion wherever feasible:
 - "Sequential Intercept Approach"
 - Pre-booking diversion whenever possible
 - Post-booking/post-sentencing diversion of low-risk defendants
- Improve Jail MH Services:
 - Consider development of dedicated jail MH treatment areas operated by MH service providers
 - Consider developing standards for licensing Jail MH programs
- Ensure timely MH hospital admission for inmates needing inpatient treatment

Suggested Process for Change

- Coordinate and link cross-governmental planning initiatives:
 - JCHC/Behavioral Healthcare Subcommittee: Jail MH, NGRIs, etc.
 - Senate Finance/House Appropriations: funding; capital planning
 - Virginia Supreme Court: Civil commitment reform; MH courts
 - Executive Branch: DMHMRSAS work groups; DCJS initiatives; DJJ
 - Local/Regional Government: CSBs; Law Enforcement; CCJBs; Jails; Court Services units (adult and juvenile)
- Begin training "academy" with model Virginia programs:
 - New River Valley CIT: Model pre-booking diversion w/law enforcement
 - Jail MH Services & Diversion Programs (Fairfax, Henrico, Arlington; HPR IV)
 - Virginia Beach CSB comprehensive Jail Services/Jail Diversion program
 - Norfolk MH Court
- Jail diversion funding should require quality monitoring and outcomes measurement

DMHMRSAS Office of Forensic Services

Jim Morris, Ph.D.

james.morris@co.dmhmrsas.virginia.gov

(804) 786-2615